

Part II

Chapter 4—Addiction Severity Index, Fifth Edition, North Dakota State Adaptation for Use With Native Americans

Chapter 5—Addiction Severity Index Revised User's Guide: North Dakota State Adaptation for Use With Native Americans

Chapter 4—Addiction Severity Index, Fifth Edition, North Dakota State Adaptation for Use With Native Americans

Addiction Severity Index, 5th Edition

North Dakota State Adaptation for Use With Native Americans

Designed with Consideration for Native American Cultural and Ceremonial Practices

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INTRODUCING THE ASI: Eight potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, Psychological, and Spiritual and Ceremonial. All clients receive the same standard interview. All information gathered is **confidential**.

We will discuss two time periods:

1. The past 30 days
2. Lifetime data

Patient Rating Scale: Patient input is important. For each area, I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you in the area being discussed.

The scale is: 0–Not at all

- 1–Slightly
- 2–Moderately
- 3–Considerably
- 4–Extremely

If you are uncomfortable giving an answer, then don't answer.

Please do not give inaccurate information!
Remember: This is an interview, not a test.

INTERVIEWER INSTRUCTIONS:

1. Leave no blanks.
2. Make plenty of comments and include the question number before each comment. If another person reads this ASI, that person should have a relatively complete picture of the client's perceptions of his or her problems.
3. X = Question not answered.
N = Question not applicable.
4. Stop the interview if the client misrepresents two or more sections.
5. Tutorial and coding notes are preceded by •.

INTERVIEWER SCALE: 0–1 = No problem
2–3 = Slight problem
4–5 = Moderate problem
6–7 = Severe problem
8–9 = Extreme problem

HALF TIME RULE: If a question asks for the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.

CONFIDENCE RATINGS:

- Last two items in each section.
- Do not overinterpret.
- Denial does not warrant misrepresentation.
- Misrepresentation is overt contradiction in information.

PROBE AND MAKE PLENTY OF COMMENTS!

LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Painkillers = Morphine; Dilaudid; Demerol; Percocet; Darvon; Talwin; Codeine; Tylenol 2, 3, 4
Barbiturates:	Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
Sedatives/ Hypnotics/ Tranquilizers	Benzodiazepines, Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Miltown Chloral Hydrate (Noctex), Quaaludes
Cocaine:	Cocaine Crystal, Freebase Cocaine or "Crack," and "Rock Cocaine"
Amphetamines:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal
Cannabis	Marijuana, Hashish
Hallucinogens:	LSD (Acid), Mescaline, Mushrooms (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy
Inhalants:	Nitrous Oxide, Amyl Nitrate (Whippets, Poppers), Glue, Solvents, Gasoline, Toluene, etc.

Just note if these are used:

Antidepressants
Ulcer Medications—Zantac, Tagamet
Asthma Medications—Ventoline Inhaler, Theo-Dur
Other Medications—Antipsychotics, Lithium

DRUG/ALCOHOL USE INSTRUCTIONS:

This section looks at two time periods: the past 30 days and years of regular use, or lifetime use. Lifetime use refers to the time prior to the past 30 days.

- 30-day questions require only the *number* of days used.
- Lifetime use is asked to determine extended periods of *regular* use. It refers to the time prior to the past 30 days.
- Regular use = 3+ times per week, 2+ day binges, or problematic, irregular use in which normal activities are compromised.
- Alcohol to intoxication does not necessarily mean "drunk"; use the words "felt the effects," "got a buzz," "high," etc. instead of "intoxication." As general rule, 5+ drinks in one day, or 3+ drinks in a sitting defines intoxication.
- How to ask these questions:
 - ✓ How many days in the past 30 days have you used...?
 - ✓ How many years in your life have you *regularly* used...?

ASI-NAV: Addiction Severity Index, 5th Edition

GENERAL INFORMATION

G1. Identification No.:

G2. Social Security No.: - -

G4. Date of Admission: / /
(Month/Day/Year)

G5. Date of Interview: / /
(Month/Day/Year)

G8. Class: 1. Intake 2. Follow-up ☐

G9. Contact Code: 1. In person 2. Telephone ☐
(Intake ASI must be in person)

G10. Gender: 1. Male 2. Female ☐

G11. Interviewer Code No./Initials:

G12. Special: 1. Patient terminated (by interviewer) ☐
2. Patient refused to complete
3. Patient unable to respond
N. Not applicable

Name

Address 1

Address 2

City State Zip Code

G14. How long have you lived at this address? /
(Years/Months)

G15. Is this residence owned by you or your family? ☐
0-No 1-Yes

G35. Is this located on a reservation? 0-No 1-Yes ☐

G16. Date of birth: / /
(Month/Day/Year)

G29. What tribe(s) do you consider yourself part of? ☐

Specify:

G36. Are you enrolled? 0-No 1-Yes ☐

Specify tribe:

G18. Do you have a religious or spiritual preference? ☐

1. Protestant 7. Native American Spiritual Practices
2. Catholic (sun dance ceremonies, sweat lodges, etc.)
3. Jewish 8. Native American Church
4. Islamic
5. Other Specify:
6. None

G30. Are you currently practicing this religious or spiritual preference? 0-No 1-Yes ☐

G19. Have you been in a controlled environment in the past 30 days? ☐

1. No 4. Medical Treatment
2. Jail 5. Psychiatric Treatment
3. Alcohol/Drug Treatment 6. Other:
- A controlled environment is a place, theoretically, without access to drugs/alcohol.

G20. How many days?

- "NN" if G19 is No. Refers to total number of days detained in the past 30 days.

ADDITIONAL TEST RESULTS

G21.

G22.

G23.

G24.

G25.

G26.

G27.

G28.

COMMENTS

(Include the question number with your notes)

PROBLEMS	SEVERITY PROFILE									
	0	1	2	3	4	5	6	7	8	9
MEDICAL										
EMP/SUPPORT										
ALCOHOL										
DRUGS										
LEGAL										
FAMILY/SOCIAL										
PSYCH.										
SPIRITUAL AND CEREMONIAL										

MEDICAL STATUS

M1. How many times in your life have you been hospitalized for medical problems?

- Include ODs and DTs. Exclude detox, alcohol/drug, and psychiatric treatment and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems.

M2. How long ago was your last hospitalization for a physical problem?

 /

(Years/Months)

- If M1 = None, then this should be "NN."

M3. Do you have any chronic medical problems that continue to interfere with your life? 0–No 1–Yes
If Yes, specify in Comments.

- A chronic medical condition is a serious physical or medical condition that requires regular care (i.e., medication, dietary restriction) and prevents full advantage of abilities, such as diabetes, high blood pressure, heart disease, etc.

M4. Are you taking any prescribed medication on a regular basis for a physical problem? 0–No 1–Yes
If Yes, specify in Comments.

- Medication prescribed by a physician for medical conditions; not psychiatric medicines. Include medicines prescribed whether or not the patient is currently taking them.

M15. Number of months pregnant:

(Months)

- "N" for males, "0" for not pregnant

M5. Do you receive a pension for a physical disability? 0–No 1– Yes If Yes, specify in Comments.

- Includes any type of financial compensation for a physical disability, i.e., worker's compensation, pension, SS. Do not include psychiatric disability.

M16. Have you ever sought medical help from a tribal medicine person? 0–No 1–Yes

- Not a traditionally educated provider such as an M.D. or R.N.

M17. How many days in the past 30 days have you sought help from a tribal medicine person?

M6. How many days in the past 30 days have you experienced medical problems?

- Include flu, colds, etc.

Patient's Rating

(0–4 Scale)

M7. How troubled or bothered have you been by these medical problems in the past 30 days?

- Restrict response to problem days of M6.

M8. How important to you now is treatment for these medical problems?

- Refers to the need for additional medical treatment by the patient.

Interviewer Severity Rating

(0–9 Scale)

M9. How do you rate the patient's need for medical treatment?

- Refer to the patient's need for additional medical treatment.

Confidence Rating

Is the above information significantly distorted by:

M10. Patient's misrepresentation? 0–No 1–Yes

M11. Patient's inability to understand? 0–No 1–Yes

COMMENTS

(Include question number with your notes)

EMPLOYMENT/SUPPORT STATUS

				COMMENTS
				(Include question number with your notes)
E1.	Education completed:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	<ul style="list-style-type: none"> Public schools Non-Indian school specific, include college GED = 12 years, note in Comments Include formal education only 	(Years/Months)		
E27.	Education completed in:			
		Years	Months	
	BIA Boarding Schools (on your reservation)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	BIA Boarding Schools (not on your reservation)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	Tribal Boarding Schools	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	Church/Mission Boarding Schools	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	Non-boarding Schooling, on reservation	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
E2.	Training or technical education completed:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	<ul style="list-style-type: none"> Formal/organized training only 	(Months)		
E3.	Do you have a profession, trade, or skill? 0–No 1–Yes	<input type="checkbox"/>		
	If Yes, specify _____			
	<ul style="list-style-type: none"> Employable, transferable skill acquired through training. 			
E4.	Do you have a valid driver's license? 0–No 1–Yes	<input type="checkbox"/>		
	If No, specify the reason in Comments			
	<ul style="list-style-type: none"> Valid license; not suspended/revoked, never sought. 			
E5.	Do you have an automobile available for use?	<input type="checkbox"/>		
	0–No 1–Yes			
	<ul style="list-style-type: none"> If E4 = No, then this must be No. Does not require ownership, only requires availability on a regular basis. 			
E6.	How long was your longest full-time job?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	<ul style="list-style-type: none"> Full-time = 40+ hours weekly. 	(Years/Months)		
E8.	Does someone contribute to your support in any way?	<input type="checkbox"/>		
	0–No 1–Yes			
	<ul style="list-style-type: none"> Is patient receiving any regular support (i.e., cash, food, housing) from family/friend. Include spouse's contribution; exclude support by an institution. 			
E9.	Does this constitute the majority of your support?	<input type="checkbox"/>		
	0–No 1–Yes			
	<ul style="list-style-type: none"> "N" (for not applicable) if E8 is No. 			
E10.	Usual employment pattern in the past 3 years?	<input type="checkbox"/>		
	1. Full time (40 hours/week)			
	2. Part time (regular hours)			
	3. Part time (irregular hours)			
	4. Student			
	5. Service/Military			
	6. Retired/Disability			
	7. Unemployed			
	8. In controlled environment			
	<ul style="list-style-type: none"> Answer should represent the majority of the past 3 years, not just the most recent selection. If there are equal times for more than one category, select the one that best represents the more current situation. 			

E11. How many days were you paid for working in the past 30 days?

• Include “under the table” work, paid sick days, and vacation.

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E12. Employment?

- Net or “take home” pay. Include “under the table” money. From Days in E11.

E14. Welfare or public assistance?

- Include food stamps, transportation, money provided by an agency to go to and from treatment.

E16. Mate, family, or friends?

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- Money for personal expenses, (e.g., clothing); include unreliable sources of income. Record cash payments only, include windfalls (unexpected), money from loans, gambling, inheritance, tax returns, etc.

E28. Government payment for land/land lease?				
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E19. How many days have you experienced employment problems in the past 30 days?

- Include inability to find work, training, or schooling, or problems with the present job in which that job is jeopardized.

DRUG/ALCOHOL USE

Route of Administration:

1 Oral, 2 Nasal, 3 Smoking, 4 Non-IV Injection, 5 IV Injection

- Note the usual or most recent route. For more than one route, choose the highest number for the most severe. Use common or street names provided in grid on front page.

COMMENTS

(Include question number with your notes)

	Past 30 Days	Years of Regular Use	Age at First Use	Route of Admin	Date of Last Use	Month	Year
D1. Alcohol (any use at all)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D2. Alcohol (5 or more drinks)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D3. Heroin	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D4. Methadone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D5. Other Opiates/Analgesics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D6. Barbiturates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D7. Sedatives/Hypnotics/Tranquilizers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D8. Cocaine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D9. Amphetamines	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D10. Cannabis	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D11. Hallucinogens (include peyote)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D12. Inhalants	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D13. More than one substance per day (include alcohol)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D14. According to the interviewer, which substance(s) are the major problem?

00 = No problem

01-12 = From list above

15 = Alcohol and one or more drugs

16 = More than one drug

D15. How long was your last period of voluntary abstinence from this major substance?

(Substance identified in D14.)

- Last attempt of at least one month, not necessarily the longest. Periods of hospitalization/incarceration *do not count*. Periods of Antabuse, methadone, or naltrexone *do count*. Show only periods 30 days or greater. 00 = never abstinent.

D16. How many months ago did this abstinence end?

- Refers to Question D15; 00 = still abstinent.

D42. Have you used any of the drugs listed above as part of a religious practice or spiritual ceremony?

0-No 1-Yes

- Specify drugs used: (Use codes D1–D13) listed above)

DRUG/ALCOHOL USE (cont.)

D43. Is this use approved or provided by tribal leaders or a medicine person? 0–No 1–Yes

☐

COMMENTS

(Include question number with your notes)

D45. Is this use common practice in your traditional ways?

☐

D44. Have any traditional Native American cultural practices, such as sweat lodges, sun dances and prayer meetings, been helpful for you in achieving or maintaining abstinence?

☐

How many times have you:

D17. Had alcohol DTs?

☐

D18. Overdosed on drugs?

☐

How many times in your life have you been treated for:

D19. Alcohol abuse

☐

D20. Drug abuse

☐

- Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within 1-month period)

How many of these were detox only?

D21. Alcohol

☐

D22. Drugs

☐

- NN if D19 OR D20 = “00”

How many of these provided Native American-specific groups or focus?

D36. Alcohol

☐

D37. Drugs

☐

- From D19 and D20
- NN if D19 OR D20 = “00”

How many of these included Native American treatment providers/counselors?

D38. Alcohol

☐

D39. Drugs

☐

- From D19 and D20
- NN if D19 OR D20 = “00”

How many of these treatments were provided on reservations?

D40. Alcohol

☐

D41. Drugs

☐

- From D19 and D20
- NN if D19 OR D20 = “00”

How much money would you say you spent during the past 30 days on:

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44

LEGAL STATUS

- L1. Was this admission prompted or suggested by the criminal justice system? 0–No 1–Yes
If Yes, specify in Comments.
• Judge, probation/parole officer, etc.

☐

COMMENTS

(Include question number with your notes)

- L2. Are you on parole or probation? 0–No 1–Yes
If Yes, note duration and level in Comments.

☐

How many times in your life have you been arrested and charged with the following?

L3. Shoplifting/Vandalism

L10. Assault

L4. Parole/Probation Violations

L11. Arson

L5. Drug Charges

L12. Rape

L6. Forgery

L13. Homicide/
Manslaughter

L7. Weapons Offense

L14. Prostitution

L8. Burglary/Larceny/
Breaking and Entering

L15. Contempt
of Court

L9. Robbery

L16. Other:

- Include total number of counts, not just convictions. Do not include juvenile (pre age 18) crimes, unless the client was charged as an adult. Include formal charges only.

- L17. How many of these charges resulted in convictions?

- “NN” if Question L3–16 = “00”
• Do not include misdemeanor offenses in Questions L18–20 below.
• Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas, plea bargains.

How many times in your life have you been charged with the following:

L18. Disorderly conduct, vagrancy, public intoxication?

L19. Driving while intoxicated?

L20. Major driving violations?

- Moving violations: speeding, reckless driving, no license, etc.

L21. How many months have you been incarcerated in your life?

(Months)

- List total number of months incarcerated.

L22. How long was your last incarceration?

(Months)

- Enter “NN” if never incarcerated.

L23. What was it for?

- Use code L3–L16, L18–L20. If multiple charges, use most severe code. Enter “NN” if never incarcerated.

LEGAL STATUS (cont.)

L24. Are you presently awaiting charges, trial, or sentencing? 0–No 1–Yes

☐

COMMENTS

(Include question number with your notes)

L25. What for?

☐☐

- Refers to Question L24. If more than one, choose the most severe.
- Don't include civil cases unless a criminal offense is involved.

L26. How many days in the past 30 days were you detained or incarcerated?

☐☐

- Include being arrested and released on the same day.

L27. How many days in the past 30 days have you engaged in illegal activities for profit?

☐☐

Patient's Rating (0–4 Scale)

L28. How serious do you feel your present legal problems are?

☐

L29. How important to you now is counseling or referral for these legal problems?

☐

- Patient is rating a need for additional referral to legal counsel for defense against criminal charges.

Interviewer Severity Rating (0–9 Scale)

L30. How would you rate the patient's need for legal services or counseling?

☐

Confidence Rating

Is the above information significantly distorted by:

L31. Patient's misrepresentation? 0–No 1–Yes

☐

L32. Patient's inability to understand? 0–No 1–Yes

☐

In the boxes below, indicate which of these dependencies or other personal problems you are aware of in members of your family.

G = Compulsive Gambler

MI = Mental Illness

If you wish, write the initials of each person in this corner of each box.

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Mother's brothers/sisters (additional boxes below)

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Father's brothers/sisters (additional boxes below)

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Your brothers/sisters (additional boxes below)

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--	--	--	--	--	--

COMMENTS

[illegible]

FAMILY/SOCIAL RELATIONSHIPS

		COMMENTS (Include question number with your notes)
F1. Marital Status:	<input type="checkbox"/>	
1–Married 3–Widowed 5–Divorced		
2–Remarried 4–Separated 6–Never Married		
• Common-law marriage = “1”. Specify in Comments.		
F2. How long have you been in this marital status?	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
(Years/Months)		
• If never married, then since age 18.		
F3. Are you satisfied with this situation?	<input type="checkbox"/>	
0–No 1–Indifferent 2–Yes		
• Satisfied = generally liking the situation. Refers to Questions F1 and F2.		
F4. Usual living arrangements (past 3 years):	<input type="checkbox"/>	
1–With sexual partner and children 6–With friends		
2–With sexual partner alone 7–Alone		
3–With children alone 8–Controlled environment		
4–With parents 9–No stable arrangement		
5–With family		
• Choose arrangements most representative of the past 3 years.		
If there is an even split in time between these arrangements, code the most recent arrangement.		
F5. How long have you lived in these arrangements?	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
(Years/Months)		
• If with parents or family, since age 18.		
• Code years and months living in arrangements from Question F4.		
F6. Are you satisfied with these arrangements?	<input type="checkbox"/>	
0–No 1–Indifferent 2–Yes		
Do you live with anyone who:		
F7. Has a current alcohol problem? 0–No 1–Yes	<input type="checkbox"/>	
F8. Uses nonprescribed drugs? 0–No 1–Yes	<input type="checkbox"/>	
F61. Is supportive of your recovery? 0–No 1–Yes	<input type="checkbox"/>	
F9. With whom do you spend most of your free time?	<input type="checkbox"/>	
1–Family 2–Friends 3–Alone		
• If a girlfriend/boyfriend is considered as family by patient, then the patient must refer to this person as family throughout this section, not as a friend. Family is not to be referred to as “friend.”		
F10. Are you satisfied with spending your free time this way?	<input type="checkbox"/>	
• A satisfied response must indicate that the person generally likes the situation. Refers to Question F9.		
F11. How many close friends do you have?	<input type="checkbox"/>	
• Stress that you mean close . Exclude family members. These are “reciprocal” relationships or mutually supportive relationships.		
F76. How many of these friends are Native American?	<input type="checkbox"/>	
F70. With whom do you feel the most comfortable?	<input type="checkbox"/>	
1–Native American 3–Other		
2–White 4–Indifferent		

FAMILY/SOCIAL RELATIONSHIPS (cont.)

After treatment, will you return to an environment that:

F65. Is supportive of your recovery? 0–No 1–Yes

☐

F66. Offers community services to help you in your recovery? 0–No 1–Yes

☐

F67. Offers accessible self-help meetings? 0–No 1–Yes

☐

F58. Have you ever lived on a reservation? 0–No 1–Yes

☐

F59. How many years of your life did you live on reservations?

 /

(Years/Months)

F60. Are you satisfied living on reservations?
0–No 1–Indifferent 2–Yes

☐

Would you say you have had a close, long-lasting, personal relationship with any of the following people in your life:

F12. Mother

☐

F15. Sexual Partner/Spouse

☐

F13. Father

☐

F16. Children

☐

F14. Brothers/Sisters

☐

F17. Friends

☐

0 = Clearly No for all in class X = Uncertain or unknown
1 = Clearly Yes for any in class N = Never had a relative in category

Have you had significant periods in which you have experienced serious problems getting along with: 0–No 1–Yes

Past 30
Day

In Your
Life

F18. Mother

☐☐

F19. Father

☐☐

F20. Brothers/Sisters

☐☐

F21. Sexual Partner/Spouse

☐☐

F22. Children

☐☐

F23. Other Significant Family
If Yes, specify in Comments

☐☐

F24. Close friends

☐☐

F25. Neighbors

☐☐

F26. Coworkers

☐☐

- “Serious problems” mean those that endangered the relationship. A “problem” requires contact of some sort, either by telephone or in person.

COMMENTS

(Include question number with your notes)

FAMILY/SOCIAL RELATIONSHIPS (cont.)

Has anyone ever abused you? 0-No, 1-Yes

Past 30
Days

In Your
Life

☐

- 9

☐

-

5

-

Past 30
Days

In Your
Life

☐

- 1

☐

- 1

☐

- 9

How many days in the past 30 days have you had serious conflicts with:

--	--

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Interviewer Severity Rating

(0-9 Scale)

Confidence Rating

Is the above information significantly distorted by:

COMMENTS

(Include question number with your notes)

Patient's Rating

(0-4 Scale)

How troubled or bothered have you been in the past 30 days by:

How important to you now is treatment or counseling for:

- Patient is rating the need for counseling for family problems, not whether he or she would be willing to attend counseling.

- Patient rating should refer to dissatisfaction, conflicts, or other serious problems.

PSYCHIATRIC STATUS

How many times have you been treated for any psychological or emotional problems:

COMMENTS

(Include question number with your notes)

P1. In a hospital or inpatient setting?

P2. As an outpatient or private patient?

- Do not include substance abuse, employment, or family counseling. Treatment episode = a series of more or less continuous visits or treatment days, not the number of visits or treatment days.
- Enter diagnosis in Comments if known.

P3. Do you receive a pension for a psychiatric disability?
0–No 1–Yes

- Include any financial compensation; SSI, SSDI, etc.

Have you had a significant period of time (that was not a direct result of alcohol/drug use)

in which you have: 0–No 1–Yes

Past 30
Days

In Your
Life

P4. Experienced serious depression, sadness, hopelessness, loss of interest, difficulty with daily functioning?

P5. Experienced serious anxiety/tension, are uptight, unreasonably worried, unable to feel relaxed?

P6. Experienced hallucinations, saw things or heard voices that others did not see or hear?

- **Not related to religious/ceremonial practices.**

P7. Experienced trouble understanding, concentrating, or remembering?

P8. Experienced trouble controlling violent behavior, including episodes of rage, or violence?

- Patient can be under the influence of alcohol/drugs.

P9. Experienced serious thoughts of suicide?

- Patient seriously considered a plan for taking his or her life.
- Patient can be under the influence of alcohol/drugs.

P10. Attempted suicide?

- Include actual suicidal gestures or attempts.
- Patient can be under the influence of alcohol/drugs.

P11. Been prescribed medication for any psychological or emotional problems?

- Prescribed for the patient by an M.D. “Yes” if a medication was prescribed, even if the patient is not taking it.

P12. How many days in the past 30 days have you experienced these psychological or emotional problems?

- This refers to problems noted in Questions P4–P9.

Patient's Rating (0–4 Scale)	
P13. How troubled or bothered have you been in the past 30 days by these psychological or emotional problems?	<input type="checkbox"/>
• Patient should be rating the problem days from Question P11.	
P14. How important to you now is treatment for these psychological or emotional problems?	<input type="checkbox"/>

(Include question number with your notes)

[illegible]

P23. Patient's inability to understand? 0-No, 1-Yes

SPIRITUAL AND CEREMONIAL PRACTICES

S1. Do you have a belief in a “God,” a “Higher Power,” or “Creator”? 0–No 1–Yes ☐

Concerning your spiritual life, what changes would you like help making? 0–No, 1–Yes

S2. Learning more about prayer? ☐

S3. Learning more about meditation? ☐

S4. Education about a particular religion/spirituality?
• If Yes, specify in Comments. ☐

S5. Changing attitude toward God/Creator? ☐

S6. Do you have a spiritual leader or traditional/cultural person available for guidance? 0–No 1–Yes ☐

S7. Do you seek out and utilize this person from time to time? 0–No 1–Yes ☐

S8. Are you comfortable with your spirituality and beliefs? 0–No 1–Indifferent 2–Yes ☐

Do you regularly participate in:

S9. Native American religious ceremonies/activities (sweat lodges, sun dances, etc.)? 0–No 1–Yes ☐

S10. Native American Church meetings? 0–No 1–Yes ☐

S11. Native American cultural activities? 0–No 1–Yes ☐

S12. Native American dance activities? 0–No 1–Yes ☐

S13. Are you familiar with your Native language? 0–No 1–Yes ☐

What is the primary language you speak:

1–Native language 2–English 3–Spanish 4–Other

S14. At home? ☐

S15. With friends? ☐

S16. How many days in the past 30 days have you had concerns or problems with *spiritual or cultural* practices? ☐☐

Interviewer Severity Rating (0–9 Scale)

S19. How would you rate the patient’s need for spiritual or cultural counseling? ☐

Confidence Rating

Is the above information significantly distorted by:

S20. Patient’s misrepresentation? 0–No, 1–Yes ☐

S21. Patient’s inability to understand? 0–No, 1–Yes ☐

COMMENTS

(Include question number with your notes)

Patient’s Rating (0–4 Scale)

S17. How troubled or bothered have you been by these problems with spiritual or cultural practices? ☐

S18. How important to you now is counseling for these problems/concerns (including learning Native American cultural practices and ceremonies)? ☐

